

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737221** (2)

1. Corporation Name

**LAKE CITY JAYCEES, INC.**

Principal Place of Business

Mailing Address

**400 LOMOND  
P.O. BOX 834  
LAKE CITY FL 32056  
US**

**400 LOMOND  
P.O. BOX 834  
LAKE CITY FL 32056-0934  
US**



3. Date Incorporated or Qualified **11/04/1976** 3a. Date of Last Report **11/07/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>NOT APPLICABLE</b>	<input checked="" type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCOLLUM, BRIAN  
RT. 14 BOX 533  
LAKE CITY FL 32024**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-7-97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASSEBROEK, DEBORAH</b>	1.2 NAME	
STREET ADDRESS	<b>RT. 15 BPX 1568</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOLLUM, BRIAN</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 14 BOX 553-2</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOLLUM, CINDY</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 14 BOX 553-2</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, CHRISTINA</b>	4.2 NAME	
STREET ADDRESS	<b>RT 15, BOX 1568</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARSONS, DONNA</b>	5.2 NAME	
STREET ADDRESS	<b>9893 ADAMS RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLBORN FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FULTON, JULIE</b>	6.2 NAME	
STREET ADDRESS	<b>RT. 15 BOX 1568</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)